



July 27, 1995

David Werdegarr, MD, MPH
Director, Office of Statewide Health
Planning and Development
1600 9th Street, Room 400
Sacramento, CA 95814

Dear Dr. Werdegarr:

We are pleased to have an opportunity to respond to the 1995 OSHPD Data Release. Our comments will include discussion of acute myocardial infarction mortality results and complications following dissection.

ACUTE MYOCARDIAL INFARCTION DATA COMMENTS:

Technical/Coding Issues:

One patient (SS# _____) did not expire until September 1993 and should not be included as the expiration occurred after the study period.

Clinical Issues:

The mortality rate covers a very high-risk subset of patients which includes the following:

- Of the thirty-four expirations in the sample, twenty (58.8%) were older than age 80 and 7 (20.6%) were older than age 90. This indicates that nearly 60% were in advanced age with the physiological deterioration that ensues, raising their risk of a terminal event.
- Eight patients (23.5%) were admitted through the Emergency Department, either comatose, post-cardiac arrest, or in cardiogenic shock, again diminishing the probability of survival.
- Eleven patients (32.3%) expired in the hospital ten days or longer after admission, sometimes of processes unrelated to their MI.
- In this day of patient/family autonomy and increased participation in decision-making, it is noteworthy that sixteen patients (47% of the population) instructed the health care team to limit their treatment options - either through an Advance Directive signed by the

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patient, or responsible party instruction. Therefore, patients who may have responded to treatment and survived the initial episode, did not accept aggressive intervention. This limitation in service does not appear to be factored into the risk adjustment and may negatively impact the number of adverse outcomes.

CERVICAL AND LUMBAR DISKECTOMY DATA COMMENTS:

In reviewing the 13 complications in 104 diskectomy cases, the following are issues of note:

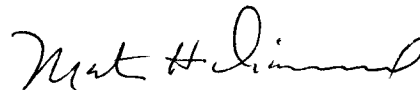
- Four complications (30.8%) were noted urinary retention. With the increased use of regional anesthesia factored with advanced age and prostate disease, retention is usually anesthesia associated versus neurological deficit related to procedure.
- It is our belief that patients with co-existing medical conditions, previous spino-surgery and advanced age have more complications and a prolonged recovery period. Of the 11 patients with complications, six (54.5%) were older than 70.

Again, thank you for the opportunity to review these data, incorporate the results into our hospital Quality Improvement process, and respond to the data release.

Sincerely,



James Mailhot, MD
Chief of Staff



Martin H. Diamond
Director